'rissa has the highest infant mortality ate which is 123 per thousand live births.

Since SRS does not provide district jvel estimates of infant mortality, *he* latest available information on
• his- aspect relates to 1981 according o which the District Etah had highest ifant mortality rate in U.P. which
was 170 per thousand live births.

Ministry of Health and Family Welfare have been implementing sveral programmes for bringing .own infant and maternal mortality i ate in the country. The major nitiatives)programmes include;

I. Universal Immunization Pro gramme: to protect infants against oliomyelitis, Tetanus, Diphtheria, Whooping cough, Tuberculosis and leasles and pregnant women against etanus.

II. Oral Rehydration Therapy Pro gramme: for controlling deaths due o dehydration caused by diarrhoea mong children upto the age of 5 . ears.

III. Prophylaxis Schemes against nutritional anaemia among mothers nd children and prophylaxis against uindness among children due to . itamin 'A' deficiency.

Primary Health Sub-Centres

7. MAULANA OBAIDULLAH .1HAN AZMI: Will the Minister of HEALTH AND FAMILY WELFARE a pleased to state;

(a) whether it is a fact that a Pri-.aary Health Sub-Centre is establish ed for a population of 5000 in rural areas;

(b) whether it is also a fact that nany villages with a population of nore than 5000 have not yet been rovided with such Sub-Centres in Uttar Pradesh;

(c) if so, what are the details of uch villages and the reasons there-:'or; and

(d) the steps being taken to establish Health Sub-Centres in remaining villages of Uttar Pradesh?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) Yes, Sir. One Sub-centre for 5000 Population in normal areas and on$_e$ sub-centre for 3000 population in tribal areas.

(b) Selection of place for establishment of Sub-Centre is the responsibility of the State Government. These are being set up based on the 7th Plan population. As per information avaiable for 10316.900 Rural projected population for 1990 in Uttar Praedsh, 20632 Sub-centres are required *on* the basis of one Sub-Centre for 5000 population. Against this 21653 sub-centres have been established as on 1-4-90.

(c) and (d) Do not arise.

LPG Units in Assam

8. SHRI BHADRESWAR BURA-GOHAIN: Will the Minister of PETROLEUM AND NATURAL GAS be pleased to state:

(a) whether Government propose to set up more LPG units in Assam;

(b) what is the present position of the proposed scheme for supplying gas through pipeline to the Sonari town of Assam; and

(c) by when the scheme is likely to be operative?

THE MINISTER OF PETROLEUM AND NATURAL GAS (SHRI B. SHANKARANAND): (a) There are some proposals to set up LPG manufacturing facilities in Assam by Public Sector Companies.

(b) While no such request appears to be pending with the Government for supply of gas to the Sonari town, Supplies are being made by the Assam Gas Company to tea estates through the Sonari Tea Gas Grid.

(c) Does not arise.

Physiotherapists in various Railway Divisional Hospitals

9. SHRI ASHOK NATH VERMA: Will the Minister of RAILWAYS be pleased to state:

(a) whether it is a fact that at present no Physiotherapists have been provided in the various Railway Divisional Hospitals like tne one at Moradabad in Uttar Pradesh;

(b) il so, what are the reasons therefor;

(c) what arrangements have been made for providing Physiotherapie treatment to the Railway employees— both serving and retired at the Divisional Head-Quarters; and

(d) the difficulties in providing such a facility in the Railway Hospitals at Divisional Head-Quarters and the manner in which the same are pro posed to be dealt with?

THE MINISTER OF STATE IN THE MINISTRY OF RAILWAYS (SHRI MALUKARJUN): (a) to (d) No Sir, All the Divisional Railway Hospitals are equipped with Physiotherapy treatment. Pnysiotherapists are available in most of the Divisional Railway Hospital except few including Moradabad Division where these posts are lying vacant for want of qualified Physiotherapists. Efforts have been made and are on to fill up these vacancies through Railway Recruitment Boards. In the meanwhile, arrangements have been made to provide Physiotherapy treatment to the Railway patients, both serving and retired, with the help of other trained Para Medical Staff under supervision of Orthopaedic/Geenrai Surgeons.

Raids by Food Inspectors of Delhi Administration

10. SHRI GHUFRAN AZAM: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of raids organised and the number of samples lifted by the Food Inspectors of the Department of Prevention of Food Adulteration, Delhi Administration, Delhi Inspector-wise for the last one and a half year (April, 1990 to October, 1991);

(b) whether it is a fact that some food inspectors are made to sit idle in the office; if so, what are the reasons therefor;

(c) whether Government propose to institute a CBI enquiry for the wide variations in the data; and

(d) if not, what are the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA); (a) to (d) As per the information received from the Delhi Administration, a total of 268 raids were carried out by the Department of Prevention of Food Adulteration, Delhi Administration, Delhi for the last 1 and half years (April, 90 to October, 91).

It is not a fact that some Food Inspectors are made to sit idle in the Office.

Raids conducted by TSast and West Zone Teams of Department of Prevention of Food Adulteration

11. SHRI GHUFRAN AZAM: Will the Minister of HEALTH AND WELFARE be pleased to state:

(a) the number of raids conducted and samples lifted by the present East Zone and West Zone teams of the Department of Prevention of Food Adulteration, Delhi Administration, Delhi from July, 1991 to October, 1991 team-wise;

(b) whether the present East Zone team is being sent for raids regularly whereas the present West Zone team is being made to sit idle in the office; if so, what are the reasons therefor;